

PLEASE READ ALL INSTRUCTIONS BEFORE COME

FILED

10 MAY 18 AM-8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 104000063180

1. Limited Liability Company's Name

Sabo Family Investments, LLC

100180668361

04/09/10--01036--022 \*\*555.00

05/11/10--01003--011 \*\*277.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

101 Palm Harbor Pkwy  
123

Suite, Apt. #, etc.

City & State

Palm Coast, FL

Zip

32137

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

32137

Country

US

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified To Do Business in Florida

6. FE Number

201759571

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

John Crawford

Street Address (P.O. Box Number is Not Acceptable)

1200 Riverplace Blvd, Suite 200

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/26/10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
man	Chris Sabo	129 Bayberry Lane	Daytona Bch, FL 32124
man	Megan Sabo	129 Bayberry Lane	Daytona Bch, FL 32124
man	Carol Sabo	105 Linkside Dr	St Simons Bl, GA 31522
man	Stephen Sabo	105 Linkside Dr	St Simons Bl, GA 31522

REINSTATEMENT 08-10 DB 414.25

11. E-mail Address

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 606.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

[Signature]

Date 3/31/10

Daytime Phone # 904-704-5660

Typed or printed name of signing Managing Member/Manager

Chris Sabo



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 28, 2010

SABO FAMILY INVESTMENTS, LLC  
101 PALM HARBOR PKWY  
PALM COAST, FL 32137

SUBJECT: SABO FAMILY INVESTMENTS, LLC  
Ref. Number: L04000063180

We have received your document for SABO FAMILY INVESTMENTS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$416.25.

The total amount due to reinstate without penalty is \$416.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 810A00010510

*Reference: Sabo Family Enterprise for  
credit toward this bill.*